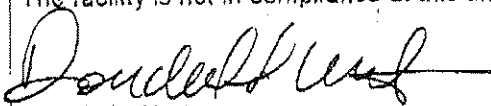


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/10/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505188	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2013
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF FEDERAL WAY	STREET ADDRESS, CITY, STATE, ZIP CODE 1045 SOUTH 308TH STREET FEDERAL WAY, WA 98003
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 On October 10, 2013 an unannounced fire and life safety code recertification survey was conducted at Life Care Of Federal Way located at 1045 S 308 th Federal Way WA, 98003 by a representative of the Washington State Patrol, State Fire Marshal's Office, this survey was conducted using the existing section of the 2000 life safety code in accordance with 42. CFR 483.70.</p> <p>This facility is a single story type V-A structure with a basement, the building is protected throughout by a full NFPA 13 fire sprinkler system and an automatic smoke detection system, exiting is direct to grade from both levels due to the grade of the property.</p> <p>The total licensed capacity is 139 residents with a census today of 107.</p> <p>The facility is not in compliance at this time.</p> <p> Deputy State Fire Marshal</p>	K 000	<p>This plan of correction is submitted as required under Federal and state regulations and statutes applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyor's findings and/or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.</p> <p>Please accept this Plan of Correction as our credible allegation of compliance. Our compliance will be achieved by the date identified on the plan of correction.</p>	
K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p>	K 144	<p>K 144</p> <ol style="list-style-type: none"> 1. Waiver has been granted to extend the time to install a new generator and/or install annunciator panel to meet the requirements. 2. Maintenance Director or designee will maintain generator through monthly preventative maintenance protocol. 3. Maintenance Director or designee will maintain generator through monthly preventative maintenance protocol. 	10/10/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF FEDERAL WAY	STREET ADDRESS, CITY, STATE, ZIP CODE 1045 SOUTH 308TH STREET FEDERAL WAY, WA 98003
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 1 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on October 10, 2013 from 0800 to 1130 it was observed that the facility failed to maintain the emergency power generator, this has the potential for the generator to fail in the even of a power outage. This finding was acknowledged at the time of the survey by the facility maintenance director. The finding was. 1. The facility does not have an annunciator panel at a normally attended location that will alert the staff that the generator has a problem, the facility does have a categorical waiver in place.	K 144	4. Annual inspections by contracted Fire Suppression Company will ensure generator meets State and Federal Code requirements. 5. Date of Compliance 10/16/13 6. Executive Director or designee	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on October 10, 2013 from 0800 to 1130 it was observed that the facility failed to maintain the building free of unapproved electrical devices, this has the potential for the system to become over loaded, this finding was acknowledged a the the time of the survey by the facility maintenance director. The finding was: 1. In the Nursing Admin Office under the desk by the window there were two power strip devices daisy chained together.	K 147	K 147 1. No residents were affected by this failed practice 2. No residents were affected by this failed practice 3. Whole facility rounds were completed to remove any daisy chained power strips. 4. Weekly rounds will be conducted x 4 weeks and than monthly x 3 months 5. Date of Compliance 11/1/13 6. Executive Director will ensure compliance	10/16/13